

223338

TO:18436640831

2010-114-T

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

John F. Hodges, Jr. dba
American Taxi

RECEIVED

APR 7 2010

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: ~~2008-501-T~~

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: John Hodges, T.T.W.W.M.

Telephone:

843-743-1249

Address:

6264 Spring Grove Rd
Adams Run, SC 29426

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☒ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☒ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☒ Request please expedite

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

2010-114-T

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
 Docking Department
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896-5100
 FAX (803) 896-5199

RECEIVED

APR 7 2010

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0978
 FAX (803) 737-0815

DATE: 4-1-10CRS
T.T.W.W.W

I have the following Certificate:

☒ Class C Taxi # 2008-461-7 ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change (Complete the additional document included with this form for a name change ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form away.)

From: John F. Hodges, Jr. DBA: American Lind Taxi
 (Current Name) (Current DBA if applicable)

TO: John F. Hodges, Jr. DBA: American Taxi
 (New Name) (New DBA if applicable)

☐ Scope of Authority
 From: _____ To: _____
 (Current Scope) (New Scope)

☐ Passenger Limit
 From: _____ To: _____
 (Current Limit Number) (New Limit Number)

John F. Hodges, Jr. American Taxi 6264 Sperry Grove Rd
 (Name & DBA if applicable) (Street and/or Mailing Address)

Adams Run SC 29426 John F. Hodges
 (City, State, Zip Code) (Signature)

843 743 6349 OWNER
 (Telephone Number) (Title)

CLASS C AMENDMENT FORM (This page is used only when asking for a name change)

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896-5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

RECEIVED
APR 7 2010
ORS
T.T.W.W.W.

Additional Information needed for a name change to a certificate

If a carrier has a certificate that has more than one individual's name listed as part of the certificated name, it is required that signatures from all individuals who wish to have their name removed be submitted with this request to the Public Service Commission.

By signing the following document, I authorize the request to have my name removed from this certificate.

* John F. Rodgers, Jr
Name of person requesting to have his/her
name removed from the certificate

* [Signature] 4-6-10
Person's signature and Date

Name of person requesting to have his/her
name removed from the certificate

Person's signature and Date

Name of person requesting to have his/her
name removed from the certificate

Person's signature and Date

Name of person requesting to have his/her
name removed from the certificate

Person's signature and Date